

# **EXHIBIT 8**

UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

NATIONWIDE LIFE INSURANCE COMPANY,  
a foreign corporation,

Plaintiff,

vs.

Case No. 11-cv-12422-AC-MKM  
Hon. Avern Cohn

WILLIAM KEENE, JENNIFER KEENE,  
MONICA LYNNE LUPILOFF, NICOLE RENEE  
LUPILOFF and NICOLE RENEE LUPILOFF,  
PERSONAL REPRESENTATIVE OF THE ESTATE  
OF GARY LUPILOFF, DECEASED,

Defendants.

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Michael F. Schmidt P25213  
Attorneys for Plaintiff  
1050 Wilshire Drive, Suite 320  
Troy, MI 48084  
(248)649-7800

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Albert L. Holtz P15088  
Attorney for Monica Lupiloff, Nicole Lupiloff  
and Nicole Lupiloff, Per Rep of the Estate of  
Gary Lupiloff, Deceased  
3910 Telegraph Road, Suite 200  
Bloomfield Hills, MI 48302  
(248)593-5000

John H. Bredell P36577  
Attorney for William & Jennifer Keene  
119 N. Huron Street  
Ypsilanti, MI 48197  
(734)482-5000

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**DEFENDANT WILLIAM KEENE ANSWERS TO INTERROGATORIES**

**AND REQUESTS TO PRODUCE**

**BY PLAINTIFF NATIONWIDE LIFE INSURANCE COMPANY**

**DEFENDANT WILLIAM KEENE ANSWERS TO INTERROGATORIES**

**AND REQUESTS TO PRODUCE**

**BY PLAINTIFF NATIONWIDE LIFE INSURANCE COMPANY**

NOW COMES the Defendant, William Keene, by and through his attorneys, BREDELL & BREDELL, and submits the following Answers to Interrogatories/Requests to Produce:

1. Please state the name and address of the individual answering these interrogatories and requests to produce.

ANSWER: William Frazer Keene, 2704 Brockman, Ann Arbor, MI 48104

2. In regard to the purpose of the Nationwide policy as indicated on the New Account/Suitability Form "to provide coverage over an investor loan for capital purchase" please state with factual precision:
  - a. Please state how the policy was to provide coverage over an investor loan for capital purchase.
  - b. Please state the following in regard to the loan:
    - i. The name and address of the person or entity making the loan.
    - ii. The name and address of the person or entity receiving the loan.
    - iii. The terms of the loan including the amount of the loan, the interest charged, if any, and the date the principal was due to be repaid.
    - iv. The purpose of the loan.
  - c. Please produce a copy of all the loan documents and any other documents regarding the transaction.

ANSWER:

- a. The Capital Loan was for \$130,000 and was to cover the \$245,000 that was to be paid by Mad Advertising
- b. Please state the following:
  - i. William Keene; 2704 Brockman, Ann Arbor, MI 48104
  - ii. Gary Harmon a/k/a Gary Harmon Lupiloff, Mad Advertising, 7 N. Saginaw, Pontiac, Michigan 48342.

- iii. See documents attached.
  - iv. According to Mr. Lupiloff it was for the rental of LED screens to be used during the North American Auto Show
  - c. Loan documents attached hereto.
3. In regard to any and all business dealings you had at any time with Gary H. Lupiloff provide the following information:
- a. The date of the business deal, contract or transaction.
  - b. The parties to the business deal, contract or transaction.
  - c. The purpose of the business deal, contract or transaction.
  - d. Please produce all documents in regard to the business deal, contract or transaction.

ANSWER:

Loan No. 1

- a. November 22, 2002 is when the contract was drawn up. The first deposit of \$65,000 was given November 24, 2002. The second deposit of \$65,000 was given December 30, 2002.
- b. William Keene and Gary Harmon Lupiloff.
- c. Please see the previous answer.
- d. Mr. Lupiloff paid to Mr. Keene a \$20,000 check for payment toward the principal of \$130,000.00 loan and this check was never honored by Mr. Lupiloff's bank and a copy of that check is attached, as well as the other documents.

Loan No. 2

- a. \$2,500 on October 6, 2003
- b. William Keene and Gary Harmon Lupiloff.
- c. Pay business expenses.
- d. Mr. Lupiloff tendered a check that was dishonored. A copy of the bounced check is attached. He did eventually pay this business debt but we do not have a copy of the check that was honored by Mr. Lupiloff's bank.

Loan No. 3

- a. On July 17, 2007, Mr. Keene loaned to Gary Harmon Lupiloff \$6,000.00
- b. William Keene and Gary Harmon Lupiloff

- c. Not certain of the purpose, Mr. Lupiloff represented it was for business expenses, including payroll.
- d. Loan document attached.

4. Please state whether Gary Lupiloff ever breached any business deal, contract, or transaction with you.

ANSWER: Mr. Lupiloff breached the majority of the business transactions. He did repay the #2 loan of \$2,500.00 after the original repayment check bounced and did repay loan #3 of \$6,000.00.

5. If the response to the preceding interrogatory is in the affirmative, please provide the following information:
- a. A full description of the business deal, contract or transaction involved.
  - b. How the business deal, contract or transaction was breached.
  - c. Please produce all documentary evidence you have in regard to the business deal, contract or transaction, and its breach.

ANSWER:

- a. Please see answer to interrogatories Nos. 2 and 3.
  - b. Gary Lupiloff never repaid any of the principal of the loans in question.
  - c. Loan documents attached.
6. If you paid any premiums for the Nationwide policy referred to in the complaint, please state the dates of all payments and the amount paid on each date, and please produce proof of all such payments.

ANSWER: Mr. Keene began paying bills from Nationwide for the subject insurance policy and Mr. Keene assumes that Nationwide has possession and control of these documents. Mr. Keene does have several of these documents in his possession which are attached here that set forth the date and amounts of said payments. In addition, all of the payments that Nationwide records indicate were made by Mr. Keene took place after the change of ownership when the policy was placed in the name of Mr. Keene. It is Mr. Keene's memory that he made two (2), possibly more payments on the policy directly while the policy was still in Mr. Lupiloff's name. Mr. Keene is checking his bank records to try to locate these payments that he made directly to Nationwide on behalf of Mr. Lupiloff.

7. In regard to the Change of Ownership form attached as Exhibit C to the complaint, please state:
- a. The reason why there was a change of ownership.
  - b. Please produce any documents in regard to the change of ownership.

ANSWER:

- a. It was Mr. Lupiloff's idea to take out the insurance policy and to name William Keene as a beneficiary. We assume that Mr. Lupiloff did so because he realized that he was in breach of contract because he had failed to repay the loan. The reason for the change of ownership was because Mr. Lupiloff ceased making payments and when this was brought to the attention of Mr. Keene, it was Mr. Lupiloff's idea that the policy be placed in the name of Mr. Keene, so that Mr. Keene could make the payments himself. Perhaps Mr. Lupiloff concluded that writing a bad check for \$20,000.00 could land him back in prison, so he tried to appease Mr. Keene with life insurance. However, this change of ownership was also a modification of the original agreement between Mr. Keene and Mr. Lupiloff, as it was originally contemplated that Mr. Lupiloff would make the payments on the policy and these payments were not intended to be made by Mr. Keene.
- b. Nationwide is in possession of these original documents.

8. In regard to Change of Beneficiary form alleged in the complaint, please state:
- a. The reason for the change of beneficiary.
  - b. Please produce any documentary evidence regarding the change of beneficiary.

ANSWER:

- a. When Mr. Lupiloff breached the agreement to make payments on the insurance policy and the ownership was placed in the name of William Keene and William Keene began making the payments, he simply decided that it was in his interest to name his wife as the second beneficiary, rather than the daughters of Gary Lupiloff. It would not make any sense whatsoever for Mr. Keene to pay on a life insurance policy for several years for the benefit of someone else's family rather than his own.
- b. Nationwide is in possession of these original documents.

9. In regard to 7/13/10, please provide the following information:
- a. Where you were from 6:00 a.m. through 6:00 p.m. providing the inclusive

- time at each location and the full address of each location.
- b. The name and address of any individuals who you were with at any time from 6:00 a.m. to 6:00 p.m. providing the exact times you were with the individual.
  - c. What you were doing from 6:00 a.m. to 6:00 p.m. providing the inclusive time period for each activity.
  - d. Please produce any documentary evidence you have in support of any of your above responses to this interrogatory.

ANSWER:

- a. (a-c) Mr. Keene does not have specific records or recollection as to the precise times; however, generally speaking, from between the hours of 6 a.m. to approximately 8:30 a.m., Mr. Keene would have been at his home on Brockman in the city of Ann Arbor. He would have been sleeping and going through his morning routine and helping prepare his daughter's breakfast and prepare his daughter to leave for school. At approximately 8:30 a.m., Mr. Keene drove his daughter to the University of Michigan Health System Child Care Center on 2601 Glazier Way, which is just west of Huron Parkway in Ann Arbor, Michigan. After dropping his daughter off at daycare, interacting with her teachers and asking about what was going to occur that day, which would have taken him until approximately 9:20 a.m., he returned home at approximately 9:40 a.m. From approximately 9:40 a.m. to 10:30 a.m., he made a number of business calls to complete his morning business. He spent the middle of the day doing non-business related activities. From approximately 10:30 a.m. to 11:30 a.m., he walked his two (2) dogs in his neighborhood, which was also his custom. Mr. Keene also stopped by the bank, Chase Bank, on 1501 East Stadium, Ann Arbor, Michigan and checked the transaction history of his account, as he walked his dogs. He has a receipt from the bank that shows he stopped there at 10:42 a.m. The bank is about a 15 minute walk from his home. From approximately 11:30 a.m. to 12:30 p.m., Mr. Keene went for a 3.5 mile run on a path near his home, which is also his custom and practice. From 12:30 p.m. to 1:30 p.m. Mr. Keene was at home, where he showered, cleaned-up, changed clothes and ate lunch. At approximately 1:30 p.m., Mr. Keene began to process his household chores, opened mail and believes he did some food preparation for his family's dinner for later in the evening and watched television. At approximately 3:20 p.m., Mr. Keene left his home to walk to his car that was parked on the street. He then had a brief conversation with one of his neighbors, Sue Smith. After leaving his home at approximately 3:25 - 3:30 p.m., Mr. Keene drove directly to the University of Michigan Day Care and upon pulling into the parking lot realized that he needed to buy milk for his daughter to drink when he picked her up and a few other items at the grocery store, so he pulled out of the daycare and proceeded to Green Road. He went to Busch's Fresh Food Market, 2020 Green

Road, Ann Arbor, Michigan 48105. Mr. Keene bought milk, eggs and butter and paid for it at 4:02 p.m. He then returned to pick up his daughter from the daycare at approximately 4:15 p.m. Mr. Keene arrived home at approximately 4:35 and 4:40 p.m. and from this time on he was home for the rest of the evening, spending time with his wife and daughter and involved with household chores and meal preparation.

- d. See attached Busch's receipt and attached receipt from Chase Bank. Also attached is a copy of a calendar from Mr. Keene's neighbor, Jody Bullinger, documenting the time of her daughter's medical appointment at Child Health Associates at 3:40 p.m. Mr. Keene also has a phone record of July 30, 2010 with calls being made from 8:34 a.m. to 10:36 a.m.

- 10. Please list the names and addresses of any witnesses you intend to call at the time of trial in support of your case.

ANSWER: Mr. Keene has not made the decision as to all the witnesses he will call at the time of trial, as discovery is in its beginning stages. However, he may call any of the following:

- a. William Keene
- b. Jennifer Keene
- c. Sue Smith
- d. Jody Bullinger
- e. Mary Columbo
- f. Keeper of the record of Busch's Grocery Store
- g. Keeper of the record of University of Michigan Health System Child Care Center
- h. Keeper of the record of Verizon Wireless
- i. Betsy Reisch
- j. Jeff Valdez
- k. Keeper of the record of Child Heath Associates
- l. Bob Cantlon
- m. Keeper of the records of Chase Bank
- n. Any and all witnesses mentioned in the police report
- o. Members of the Royal Oak Police Department, who investigated the murder of Gary Lupiloff, including but not limited to:
  - i. Detective Edgell
  - ii. Detective Bonetto

- 11. State the names and addresses of any experts consulted by you, your attorney, agents,



representatives or investigators regarding the claims made in your complaint.

ANSWER: William Keene has not yet retained any experts, but reserves the right to do so.

12. State the names and addresses of any experts you intend to call at the time of trial in support of your case.

ANSWER: See answer to interrogatory 11.

13. With regard to the persons listed in the answers to interrogatories 11 and 12, please state:

- a. Their address(es).
- b. Educational background.
- c. The experience, education or other expertise which the person(s) has that you maintain will allow him (them) to be qualified as an expert(s) at the time of trial.
- d. The special qualifications of the person(s), if any, that you maintain allow the person(s) to be an expert in this litigation.
- e. The subject matter upon which said expert(s) is expected to testify.
- f. Provide any and all written or graphic material including data, treatises, calculations, factual information, tests or photos relied upon by the expert(s) to form the opinion(s).
- g. All factual information and data reviewed by the expert(s).
- h. The opinion which the expert(s) is expected to render.
- i. The grounds for each opinion(s).

ANSWER: Not applicable.

14. If you, your attorneys, or agents have any statements in any form from any person regarding this claim, state the name and address of the person or persons giving the statement, the name and address of the person or persons to whom the statements were made, the dates they were made, whether the statements were written, oral or by recording device and the names and addresses of persons presently having custody of such statements or copies of them.

ANSWER: Nationwide has already been provided with a statement from Sue Smith. Jeff Valdez obtained a statement from Mary Columbo and that is attached hereto.

15. Please provide the following information:
- a. Your full name;
  - b. Any other names you have ever been known by;
  - c. Your date of birth;
  - d. Your social security number;
  - e. Your present address;
  - f. Your addresses for five years preceding 2010;
  - g. Provide a detailed education of background, including any and all schools attended, dates of attendance and degrees, diplomas or certificates received;
  - h. For each employer you have had for the last ten years, provide the name and address of the employers; the inclusive dates worked, the position held, the name of the supervisor and the total income for each year of employment;
  - i. Whether you have been involved in any other litigation, and if so, provide the caption of the suit, the court the suit was filed in, the name of your attorneys, and the nature of the claim;
  - j. If you have made any claims to any insurance company at any time, please state the name of the insurer, a description of the claim, the date of the claim, and the result of the claim;
  - k. If you have been arrested or convicted of a crime, please state the date and place of the crime, the charges made, the court in which the matter was pending, the ultimate result or disposition of the action.

ANSWER:

- a. William Frazer Keene
  - b. None
  - c. [REDACTED]/66 - [REDACTED]/1968
  - d. [REDACTED] 1906
  - e. 2704 Brockman, Ann Arbor, MI 48104
  - f. 2704 Brockman, Ann Arbor, MI 48104
  - g. Southfield Lathrup High School, graduated 1984, Diploma  
Michigan State University, graduated 1989, Degree BS Pre-Medicine  
University of Michigan, 1987
  - h. 2000- 2005 - Real Estate One, Farmington Hills, MI, Realtor, Manager: Steve Leiban  
2006-2010 - Remax Classic, Farmington Hills, MI, Realtor, Manager: Carol Boji  
2008 - Cannot locate income tax return at this time.
- Defendant objects to the amount of his income as being irrelevant to any of the claims which are in dispute in this litigation.
- i. Oakland County Circuit Court, civil suit, 2006; Plaintiff sued another party

for stolen funds and settled out of court for \$25,000. Plaintiff was represented by Madison Crest Business Law, Attorney Margaret Kurtzweil.

- j. Homeowners claim, 1988, waters damage, received \$5,000
- k. N/A.

16. List any and all businesses, corporations, partnerships, LLC's, PC's, sole proprietorships, or other such organizations that you have had any interest in for the past 10 years.

ANSWER: GK Development, LLC  
BK Development, LLC  
BK 2 Development, LLC

17. Please provide the following information:
- a. list any and all investments from 1998 through 2010.
  - b. list any accounts, investments, etc. that were closed or placed into collection from 1998 through 2010.
  - c. identify any realtors used from 1998 through 2010.
  - d. identify any accountants used from 1998 through 2010.
  - e. provide all monthly statements or other such documents for all financial accounts, including, but not limited to, savings accounts, checking accounts, money market accounts, 401(k) accounts, IRAs, stocks, investment accounts, etc. for 1998 through 2010.
  - f. provide copies of all debt documents including, but not limited to, personal loans, land contracts, promissory notes, mortgages, bank loans, business loans credit cards, credit accounts, lines of credit, etc. for 1998 through 2010.
  - g. provide all federal, state, and local tax records for 1998 through 2010.

ANSWER: a-g. Defendant objects to this information as being irrelevant to any matters which are in dispute in this litigation.

18. For any businesses, corporations, partnerships, LLC's, PC's, sole proprietorships or other such organizations that you purchased, sold, opened, or closed in whole or in part from 1998 to present, provide the follow information:
- a. list the name of the businesses, corporations, partnerships, LLC's, PC's, sole proprietorships or other such organizations;
  - b. list the party who you purchased the businesses, corporations, partnerships, LLC's, PC's, sole proprietorships or other such organizations from or sold the

businesses, corporations, partnerships, LLC's, PC's, sole proprietorships or other such organizations to;

- c. list the date of the purchase or sale;
- d. list the amount, cost, etc. of the purchase or sale;
- e. list any bank, mortgage company, or financial institution that had any part in the purchase or sale;
- f. provide any and all records, agreements, contracts, closing statements, etc. regarding the purchase or sale.

ANSWER

- a. None
- b. None
- c. None
- d. None
- e. None
- f. None

19. Please provide the following information:

- a. list any person, business, organization, bank, mortgage company, etc. that you owed money or any other form of debt from 1998 to 2010;
- b. list whether that debt was current in 2010;
- c. list whether any payments were missed on that debt from 1998 to 2010.

ANSWER:

- a-c. Defendant objects to this information as being irrelevant to any matters which are in dispute in this litigation.

20. Please provide the following information:

- a. Any and all cell phone numbers and cell phone providers you used for any cell phones you used in July, 2010.
- b. List any and all home phone numbers and home phone providers you had in July, 2010.
- c. Please provide copies of all phone bills with call lists for July, 2010 for any and all cell phones or home phones.

ANSWER:

- a. Cell: 248-767-6413; Provider AT&T
- b. Home: 734-332-7855; Provider Comcast

- a. Cell: 248-767-6413
- b. Cell - same as above; Home - 734-332-7855
- c. See attached.

21. For any business in which you have had an interest in the last 10 years, including all businesses listed in answer to the above interrogatories, provide the following information:

- a. list which have declared bankruptcy;
- b. list the date of any such bankruptcy;
- c. list the location of the bankruptcy filing including the Court or Courts where the filings were made;
- d. list any case numbers or any other such identification information for the bankruptcy;
- e. list the results of the bankruptcy.


ANSWER: None.

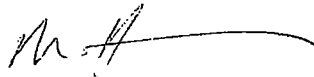
Signature page:

**DEFENDANT WILLIAM KEENE ANSWERS TO  
INTERROGATORIES AND REQUESTS TO PRODUCE  
BY PLAINTIFF NATIONWIDE LIFE INSURANCE COMPANY**

Respectfully submitted,

Dated: 9-22-11

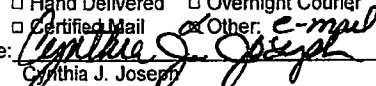
  
John H. Bredell (P36577)  
Lynn Marie Bredell (P36778)  
Attorney for Plaintiff

  
Signed: \_\_\_\_\_  
William Keene

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CERTIFICATE OF SERVICE

The undersigned certifies that the foregoing instrument was served upon all parties to the above cause to each of the attorneys of record herein at their respective addresses disclosed on the pleadings on Sept 23, 2011

By: ☒ U.S. Mail ☐ Fax  
☐ Hand Delivered ☐ Overnight Courier  
☐ Certified Mail ☒ Other: e-mail  
Signature:   
Cynthia J. Joseph

JUN 14 '07 14:06 FR THE REICH AGENCY 1 248 203 9809 TO 16142492235

P.02/02

**NATIONWIDE LIFE INSURANCE COMPANY**  
**APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT OWNER**

Policy Number: L034804300 Insured: GARY H. LUPLOFF

I, the present owner of the above numbered policy, hereby revoke any previous designation of Owner and/or Contingent Owner, and I hereby designate as the Owner and/or Contingent Owner of the said policy effective this date in accordance with the policy provisions, the following:

If more than one owner, ownership will be vested jointly or in the survivor(s), but if none are living or in existence, then in the contingent owner(s), if any, jointly or in the survivor(s), otherwise to the Executor or Administrator of the Estate of the last said owner.

NEW OWNER: Social Security or Taxpayer Identification Number: [REDACTED] - 1906

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO INSURED
<u>William Keene</u>	<u>[REDACTED] 166</u>	<u>Business Relationship</u>
		<u>ON FILE</u>

ADDRESS 2704 Brockman Ann Arbor, MI 48104

NEW CONTINGENT OWNER: Social Security or Taxpayer Identification Number: \_\_\_\_\_

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO INSURED
_____	_____	_____
_____	_____	_____

ADDRESS \_\_\_\_\_

Premium Notices Shall be sent to the new owner for the above mentioned policy, unless checked and completed below:

☐ Premium Payor to be \_\_\_\_\_ Address of Payor \_\_\_\_\_  
 Print full name of Payor Print full address of Payor

I understand that this change in ownership does not in any way affect the Beneficiary designations of the policy. In the event this application designates a change of Owner and if the Owner's Benefit(s) is included in said policy, I hereby surrender such Benefit(s) and acknowledge that such Benefit(s) is hereby terminated, and in consideration thereof the premium shall be reduced and unearned premium, if any, adjusted effective this date.

**POLICY MODIFICATION:** Any provision of the policy stipulating that the policy shall be returned to the Company for endorsement in order to effect a change of Ownership is hereby waived by the Company and the Owner, and it is agreed that such change shall take effect as of the date of this application, subject to any payment made or action taken by the Company before this application has been agreed to by the Company.

Under the Interest and Dividend Compliance Act of 1983, persons owning insurance policies are required to provide the Company with certification that their taxpayer identification number is correct. (For most individuals, this is their Social Security Number.) If they do not provide us with certification of this number, they may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, we will be forced to withhold 31% or such rate as required by law from interest and other payments we make to you. This is called backup withholding (and is not the same as the 10% withholding on interest and dividends that was repealed in 1983.) It is not an additional tax, since the tax liability of persons subject to backup withholding will be reduced by the amount of the tax withheld. If withholding results in an overpayment of taxes, a refund may be obtained. Check this box [ ] if the Internal Revenue Service has notified you that we are not subject to the provisions of this law. Otherwise, your signature on this application serves as certification under penalties of perjury, that the taxpayer identification number on this application is true, correct, and complete.

Signed at BIRMINGHAM MI this 4 day of April, 2007  
[Signature] City, State  
 New Owner's Signature Present Owner's Signature

**HOME OFFICE USE ONLY**

Agreed to for Nationwide Life Insurance Company

Complete and send to Company at Columbus, Ohio 43215  
**DO NOT SEND POLICY**

Life-1112-M

(03/2002)

\*\* TOTAL PAGE.02 \*\*

Nov 02 06 12:29p



P.O. Box 182835  
Columbus, OH 43218

*On Your Side™*

October 19, 2006

GARY HARMON.  
227 W. FRANK ST  
BIRMINGHAM MI 48009

RE: Policy Number: L034804300

Dear GARY

We have received a request for beneficiary information on your life policy listed above.

The primary beneficiary of record is William Keene, partner. The contingent beneficiary of record is Monica Luploff and Nicole Luploff, children. If you would like to change these designations, please complete the enclosed application and return it in the envelope provided.

Thank you for allowing us to be of service to you. If you have any questions, please contact your Sales Representative or our Customer Service Department at 800-547-7548. If you require our TDD line, please call 800-238-3035. Customer Service Representatives are available to assist you between the hours of 8:00 a.m. and 8:00 p.m. EST, Monday through Friday.

Sincerely,

Life Customer Service  
Nationwide Financial

RLA

ENCLOSURE

AGENT 21-0024503 MARY E REICH 248-203-9804

**NATIONWIDE LIFE INSURANCE COMPANY  
APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT  
OWNER**

The following instructions have been enclosed to assist you with the completion of the attached APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT OWNER. Please read these instructions carefully before completing the application.

1. Use this form to request a change of policy ownership. If the desired change of ownership is complex, or if you have any questions, please contact Nationwide Life Insurance Company at the Home Office.
2. This application revokes ALL previous ownership. Therefore, even if the present owner or contingent owner is to remain the same, such owner must be renamed on this form.
3. Print the FULL name(s) and address(es) of the new owner(s). Be certain to provide the new date of birth, social security (or tax ID) number, relationship to the insured and the complete address. THE REQUESTED CHANGE OF OWNERSHIP WILL NOT BE PROCESSED IF ANY OF THE INFORMATION IS OMITTED.
4. SIGNATURES REQUIRED: (1) The present owner(s) and all irrevocable beneficiaries, if any, and (2) the proposed new owner(s). Signatures MUST be in ink. At the discretion of the Home Office, a witness may be required.
5. The new owner will receive the premium notices unless the payor information is completed.
6. If joint ownership is listed, all notices will be mailed to one address listed on the reverse side. For tax reporting purposes, only one social security number can be used. Please indicate which social security number is to be used. The signatures of all joint owners will be required for any policy changes requiring an application. If any of the joint owners is a minor, the minor's legal representative will be required to authorize changes for him/her.
7. If naming a trust as owner, provide the name of the trustee(s), the name of the trust, and the date the trust was executed on this form. A copy of evidence of the existence of the trust must be provided. Please provide us with a copy of the page or pages of the trust showing the name and date of the trust, the names of trustor and trustee(s), and a copy of the signature page of the trust.
8. If naming a corporation as the new owner, we will need the full name and address of the corporation. We require the signatures of the present policy owner and an authorized officer (with current job title), other than the insured, to sign as the new owner on behalf of the corporation. For variable life insurance products, we require a certified copy of the corporate resolution providing such authority, to be submitted with the Application for Designation of Owner form. If a corporation is named as new owner and the insured is the sole officer, then we will require a completed "Sole Corporate Officer Certification." This form, which can be obtained from Nationwide Life Insurance Company at the Home Office, must be notarized and submitted with the Application for Designation of Owner form.
9. Complete and send to Nationwide Life Insurance Company, PO Box 182835, Columbus, Ohio 43218-2835.



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APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT  
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1. Use this form to request a change of policy ownership. If the desired change of ownership is complex, or if you have any questions, please contact Nationwide Life Insurance Company at the Home Office.
2. This application revokes ALL previous ownership. Therefore, even if the present owner or contingent owner is to remain the same, such owner must be renamed on this form.
3. Print the FULL name(s) and address(es) of the new owner(s). Be certain to provide the new date of birth, social security (or tax ID) number, relationship to the insured and the complete address. THE REQUESTED CHANGE OF OWNERSHIP WILL NOT BE PROCESSED IF ANY OF THE INFORMATION IS OMITTED.
4. SIGNATURES REQUIRED: (1) The present owner(s) and all irrevocable beneficiaries, if any, and (2) the proposed new owner(s). Signatures MUST be in ink. At the discretion of the Home Office, a witness may be required.
5. The new owner will receive the premium notices unless the payor information is completed.
6. If joint ownership is listed, all notices will be mailed to one address listed on the reverse side. For tax reporting purposes, only one social security number can be used. Please indicate which social security number is to be used. The signatures of all joint owners will be required for any policy changes requiring an application. If any of the joint owners is a minor, the minor's legal representative will be required to authorize changes for him/her.
7. If naming a trust as owner, provide the name of the trustee(s), the name of the trust, and the date the trust was executed on this form. A copy of evidence of the existence of the trust must be provided. Please provide us with a copy of the page or pages of the trust showing the name and date of the trust, the names of trustor and trustee(s), and a copy of the signature page of the trust.
8. If naming a corporation as the new owner, we will need the full name and address of the corporation. We require the signatures of the present policy owner and an authorized officer (with current job title), other than the insured, to sign as the new owner on behalf of the corporation. For variable life insurance products, we require a certified copy of the corporate resolution providing such authority, to be submitted with the Application for Designation of Owner form. If a corporation is named as new owner and the insured is the sole officer, then we will require a completed "Sole Corporate Officer Certification." This form, which can be obtained from Nationwide Life Insurance Company at the Home Office, must be notarized and submitted with the Application for Designation of Owner form.
9. Complete and send to Nationwide Life Insurance Company, PO Box 182835, Columbus, Ohio 43218-2835.



P.O. Box 182835  
Columbus, OH 43218

*On Your Side™*

October 9, 2007

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104

RE: Policy Number: L034804330  
Insured: GARY H LUPILOFF

Dear WILLIAM KEENE:

Please accept this letter as confirmation that the payor on the above life policy has been updated to the policy owner, William Keene.

Thank you for allowing us to be of service to you. If you have any questions, please contact your registered representative our Customer Service Department at 800-547-7548. If you require our TDD line, please call 800-238-3035. Customer Service Representatives are available to assist you between the hours of 8:00 a.m. and 8:00 p.m. EST, Monday through Friday.

Sincerely,

Life Customer Service  
Nationwide Financial

RLG

CC: AGENT 21-0024503 MARY E REICH 248-874-1100

**LIFE BILLING STATEMENT**

Nationwide Insurance  
 Nationwide Financial  
 PO Box 182835  
 Columbus OH 43218-2835

Policy Number  
 L034804300

Date Prepared  
 OCT 10, 2007

Total Amount Due  
 \$272.95

Due Date  
 AUG 28, 2007



WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

03501 1\*

\*00000000712776

Current Premium Due ..... \$272.95  
 Total Due This Statement ..... \$272.95

RETURN THIS PORTION FOR YOUR RECORDS

XLBF03A

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

RETURN THIS PORTION WITH PREPAID

**LIFE BILLING STATEMENT**

00712776

N000

Total Amount Due  
 \$272.95

INSURED: GARY H LUPLOFF  
 OWNER: WILLIAM KEENE

0012

Policy Number  
 L034804300

Due Date  
 AUG 28, 2007

For Policy Information  
 or Changes, Call:

MARY E REICH  
 248-874-1100

Make Check  
 Payable To:

Nationwide Life Insurance Company  
 PO Box 742534  
 Cincinnati OH 45274-2534

05 1221160712 00 00 12 0348043000 5 0000027295 0000027295 97 0

**LIFE BILLING STATEMENT**

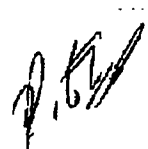
Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835

Policy Number  
L034804300

Date Prepared  
JUN 18, 2007

Total Amount Due  
\$272.95

Due Date  
MAY 28, 2007



PAST-DUE REMINDER



WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

03530 1\*

\*00000000416143

Past Due Premium .....	\$272.95
Total Due This Statement .....	\$272.95



Nationwide Insurance  
 Nationwide Financial  
 PO Box 182835  
 Columbus OH 43218-2835

**LIFE BILLING STATEMENT**

Policy Number  
 L034804300

Date Prepared  
 NOV 02, 2007

Total Amount Due  
 \$272.95

Due Date  
 NOV 28, 2007

**ANNIVERSARY NOTICE**

For Payment Of:  
 QUARTERLY PREMIUM

|||||  
 WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

See back of this statement for important phone numbers and other information about your insurance.

06515 1\*

\*20000000775345

Current Premium Due ..... \$272.95  
 Total Due This Statement ..... \$272.95

RETAIN THIS PORTION FOR YOUR RECORDS

XLBF03A

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

RETURN THIS PORTION WITH PAYMENT

00775345

N000

**LIFE BILLING STATEMENT**

Total Amount Due  
 \$272.95

INSURED: GARY H LUPLOFF  
 OWNER: WILLIAM KEENE

0012

Policy Number  
 L034804300

Due Date  
 NOV 28, 2007

For Policy Information  
 or Changes, Call:  
 MARY E REICH  
 248-874-1100

Make Check  
 Payable To:

|||||  
 Nationwide Life Insurance Company  
 PO Box 742534  
 Cincinnati OH 45274-2534

On Your Side<sup>SM</sup>

Nationwide Life and Annuity Company  
 Individual Protection Service Center  
 P.O. Box 182835  
 Columbus, OH 43216  
 nationwide.com

NOV 02, 2007

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

Insured: GARY H LUPILOFF

Your needs can change. So can your premium schedule.

Dear WILLIAM KEENE:

When you bought your life insurance policy L034804300, you selected a schedule for paying premiums that fit your needs at that time. We recognize your needs can change, so we want to remind you that other premium schedule options are also available.

Sometimes, convenience is worth a little extra cost.

You're currently paying your premium 4 times a year. If you wish, you can choose to pay annually, semi-annually, quarterly, or monthly. However, payment schedules more frequent than once a year do include an administrative fee that increases the total annual cost. Here are your current payment options:

	Annual	Semi-annual	Quarterly	Monthly
Total premium per payment	\$1,030.00	\$535.60	\$272.95	\$91.67
Number of premiums per year	1	2	4	12
Administrative Fee	0.00	\$41.20	\$61.80	\$70.04
Total annual cost	\$1,030.00	\$1,071.20	\$1,091.80	\$1,100.04

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We're here if you have questions.

If you need more information, please contact your insurance professional or our customer service department at 1-800-848-6331 Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time; for TDD services, please call 1-800-238-3035.

Best regards,

Nationwide<sup>®</sup> Service Center  
 cc: MARY E REICH

Life insurance products are issued by Nationwide Life and Annuity Company, Columbus, Ohio.  
 The general distributor for variable life insurance products is Nationwide Investment Services Corporation, member NASD. In MI only: Nationwide Investment Svcs. Corporation.

Nationwide, the Nationwide Framework and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company



05 1221160912 00 00 12 0348043000 5 0000027295 0000027295 97 0

**LIFE BILLING STATEMENT**

Nationwide Insurance  
 Nationwide Financial  
 PO Box 182835  
 Columbus OH 43218-2835

Policy Number  
 L034804300

Date Prepared  
 APR 30, 2008

Total Amount Due  
**\$272.95**

Due Date  
**MAY 28, 2008**



WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

06337 1\*

\*00000000334617

Current Premium Due ..... **\$272.95**  
 Total Due This Statement ..... **\$272.95**

XLBF03A

00334617

N000

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

**LIFE BILLING STATEMENT**

Total Amount Due  
**\$272.95**

INSURED: GARY H LUPIOFF  
 OWNER: WILLIAM KEENE

0012

Policy Number  
 L034804300

Due Date  
**MAY 28, 2008**

For Policy Information  
 or Changes, Call:

MARY E REICH  
 248-874-1100

Make Check  
 Payable To:

Nationwide Life Insurance Company  
 PO Box 742534  
 Cincinnati OH 45274-2534



## LIFE BILLING STATEMENT

Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835

Policy Number  
L034804300

Date Prepared  
JUL 31, 2008

Total Amount Due  
\$272.95

Due Date  
AUG 28, 2008

|||||  
WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

07314 1\*

\*00000000565089

Current Premium Due .....  
Total Due This Statement .....

\$272.95  
\$272.95

00565089

N000

XLBF03A

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

## LIFE BILLING STATEMENT

Total Amount Due  
\$272.95

INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE

0012

Policy Number  
L034804300

Due Date  
AUG 28, 2008

For Policy Information  
or Changes, Call:  
MARY E REICH  
248-874-1100

Make Check  
Payable To:

|||||  
Nationwide Life Insurance Company  
PO Box 742534  
Cincinnati OH 45274-2534

05 1221160912 00 00 12 0348043000 5 0000027295 0000027295 97 0



# **LIFE BILLING STATEMENT**

Nationwide Insurance  
 Nationwide Financial  
 PO Box 182835  
 Columbus OH 43218-2835

Policy Number  
**L034804300**

Date Prepared  
**OCT 31, 2008**

Total Amount Due  
**\$272.95**

Due Date  
**NOV 28, 2008**

## **ANNIVERSARY NOTICE**

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

For Payment Of:  
 QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

04334 1\*

\*2000000006907

Current Premium Due .....  
 Total Due This Statement .....

\$272.95  
**\$272.95**

RETAIN THIS PORTION FOR YOUR RECORDS

XLBF03A

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

RETURN THIS PORTION WITH PAYMENT

00806907

N000

# **LIFE BILLING STATEMENT**

Total Amount Due  
**\$272.95**

INSURED: GARY H LUPILOFF  
 OWNER: WILLIAM KEENE

0012

Policy Number  
**L034804300**

Due Date  
**NOV 28, 2008**

For Policy Information  
 or Changes, Call:  
 MARY E REICH  
 248-874-1100

Make Check  
 Payable To:

Nationwide Life Insurance Company  
 PO Box 742534  
 Cincinnati OH 45274-2534

On Your Side<sup>SM</sup>

Nationwide Life Insurance Company  
 Individual Protection Service Center  
 P.O. Box 182835  
 Columbus, OH 43216  
 nationwide.com

OCT 31, 2008

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

Insured: GARY H LUPIOFF

Your needs can change. So can your premium schedule.

Dear WILLIAM KEENE:

When you bought your life insurance policy L034804300, you selected a schedule for paying premiums that fit your needs at that time. We recognize your needs can change, so we want to remind you that other premium schedule options are also available.

**Sometimes, convenience is worth a little extra cost.**

You're currently paying your premium 4 times a year. If you wish, you can choose to pay annually, semi-annually, quarterly, or monthly. However, payment schedules more frequent than once a year do include an administrative fee that increases the total annual cost. Here are your current payment options:

	Annual	Semi-annual	Quarterly	Monthly
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Administrative Fee	0.00	\$41.20	\$61.80	\$70.04
Total annual cost	\$1,030.00	\$1,071.20	\$1,091.80	\$1,100.04

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**We're here if you have questions.**

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Best regards,

Nationwide<sup>®</sup> Service Center  
 cc: MARY E REICH

Life insurance products are issued by Nationwide Life Insurance Company, Columbus, Ohio.  
 The general distributor for variable life insurance products is Nationwide Investment Services Corporation, member NASD. In MI only: Nationwide Investment Svcs. Corporation.

Nationwide, the Nationwide Framework and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company

LAM-0300AO.1 (06/06)

0\*

04335

\*20000000806907



**LIFE BILLING STATEMENT**

Nationwide Insurance  
 Nationwide Financial  
 PO Box 182835  
 Columbus OH 43218-2835

Policy Number  
 L034804300

Date Prepared  
 JAN 30, 2009

Total Amount Due  
 \$272.95

Due Date  
 FEB 28, 2009



WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

08395 1\*

\*000000000000583

Current Premium Due .....	\$272.95
Total Due This Statement .....	\$272.95

XLBF03A

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

**LIFE BILLING STATEMENT**

Total Amount Due  
 \$272.95

INSURED: GARY H LUPIOFF  
 OWNER: WILLIAM KEENE

0012

Policy Number  
 L034804300

Due Date  
 FEB 28, 2009

For Policy Information  
 or Changes, Call:  
 MARY E REICH  
 248-874-1100

Make Check  
 Payable To:

Nationwide Life Insurance Company  
 PO Box 742534  
 Cincinnati OH 45274-2534

**LIFE BILLING STATEMENT**

Nationwide Insurance  
 Nationwide Financial  
 PO Box 182835  
 Columbus OH 43218-2835

Policy Number  
 L034804300

Date Prepared  
 APR 30, 2009

Total Amount Due  
 \$272.95

Due Date  
 MAY 28, 2009

*PAID*

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

06407 1\*

\*00000000333914

Current Premium Due ..... \$272.95  
 Total Due This Statement ..... \$272.95

RETURN THIS PORTION TO YOUR AGENT

00333914

N000

XLBF03A

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

RETURN THIS PORTION TO YOUR AGENT

**LIFE BILLING STATEMENT**

Total Amount Due  
 \$272.95

INSURED: GARY H LUPILOFF  
 OWNER: WILLIAM KEENE

0012

Policy Number  
 L034804300

Due Date  
 MAY 28, 2009

For Policy Information  
 or Changes, Call:

MARY E REICH  
 248-674-1100

Make Check  
 Payable To:

Nationwide Life Insurance Company  
 PO Box 742534  
 Cincinnati OH 45274-2534

05 1221160912 00 00 12 0348043000 5 0000027295 0000027295 97 0

**LIFE BILLING STATEMENT**

Nationwide Insurance  
 Nationwide Financial  
 PO Box 182835  
 Columbus OH 43218-2835

Policy Number  
 L034804300

Date Prepared  
 JUL 31, 2009

Total Amount Due  
**\$272.95**

Due Date  
**AUG 28, 2009**

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

07106 1\*

\*00000000561538

Current Premium Due .....	\$272.95
Total Due This Statement .....	<b>\$272.95</b>

RETAIN THIS PORTION FOR YOUR RECORDS

XLBF03A

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

RETURN THIS PORTION WITH A CHECK

00561538

N000

**LIFE BILLING STATEMENT**

Total Amount Due  
**\$272.95**

INSURED: GARY H LUPILOFF  
 OWNER: WILLIAM KEENE

0012

Policy Number  
 L034804300

Due Date  
**AUG 28, 2009**

For Policy Information  
 or Changes, Call:

MARY E REICH  
 248-874-1100

Make Check  
 Payable To:

|||||  
 Nationwide Life Insurance Company  
 PO Box 742534  
 Cincinnati OH 45274-2534

**LIFE BILLING STATEMENT**

Nationwide Insurance  
 Nationwide Financial  
 PO Box 182835  
 Columbus OH 43218-2835

Policy Number  
 L034804300

Date Prepared  
 OCT 30, 2009

Total Amount Due  
**\$272.95**

Due Date  
**NOV 28, 2009**

**ANNIVERSARY NOTICE**

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

05533 1\*

\*20000000793432

Current Premium Due .....  
 Total Due This Statement .....

\$272.95  
**\$272.95**

RETAIN THIS PORTION FOR YOUR FILING RECORD

XLBF03A

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

RETURN THIS PORTION WITH YOUR FILING RECORD

00793432

N000

**LIFE BILLING STATEMENT**

Total Amount Due  
**\$272.95**

INSURED: GARY H LUPILOFF  
 OWNER: WILLIAM KEENE

0012

Policy Number  
 L034804300

Due Date  
**NOV 28, 2009**

For Policy Information  
 or Changes, Call:  
 MARY E REICH  
 248-874-1100

Make Check  
 Payable To:

|||||  
 Nationwide Life Insurance Company  
 PO Box 742534  
 Cincinnati OH 45274-2534

On Your Side<sup>SM</sup>

Nationwide Life Insurance Company  
 Individual Protection Service Center  
 P.O. Box 182835  
 Columbus, OH 43216  
 nationwide.com

OCT 30, 2009

WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711

Insured: GARY H LUPILOFF

Your needs can change. So can your premium schedule.

Dear WILLIAM KEENE:

When you bought your life insurance policy L034804300, you selected a schedule for paying premiums that fit your needs at that time. We recognize your needs can change, so we want to remind you that other premium schedule options are also available.

**Sometimes, convenience is worth a little extra cost.**

You're currently paying your premium 4 times a year. If you wish, you can choose to pay annually, semi-annually, quarterly, or monthly. However, payment schedules more frequent than once a year do include an administrative fee that increases the total annual cost. Here are your current payment options:

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Number of premiums per year	1	2	4	12
Administrative Fee	0.00	\$41.20	\$61.80	\$70.04
Total annual cost	\$1,030.00	\$1,071.20	\$1,091.80	\$1,100.04

If your policy contains a table of Guaranteed Premiums on the policy data page, the premium quoted in the table applies only to the annual premium payment mode. If you pay your premiums more than once a year, the total annual amount of your premiums will be more than the Guaranteed Premium amount contained in this table. If you want to change your payment schedule, call your insurance professional or give us a call.

**We're here if you have questions.**

If you need more information, please contact your insurance professional or our customer service department at 1-800-848-6331 Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time; for TDD services, please call 1-800-238-3035.

Best regards,

Nationwide® Service Center  
 cc: MARY E REICH

Life insurance products are issued by Nationwide Life Insurance Company, Columbus, Ohio.  
 The general distributor for variable life insurance products is Nationwide Investment Services Corporation, member NASD. In MI only: Nationwide Investment Svcs. Corporation.

Nationwide, the Nationwide Framework and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company

LAM-0300AO.1 (06/06)

05534 0\*

\*20000000793432





**LIFE BILLING STATEMENT**Policy Number  
L034804300Date Prepared  
JAN 29, 2010Nationwide Insurance  
Nationwide Financial  
PO Box 182835  
Columbus OH 43218-2835Total Amount Due  
**\$272.95**Due Date  
**FEB 28, 2010**WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711

For Payment Of:

QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

800 543-3747

7-33  
4/1-2 400 843-6331Current Premium Due.....  
Total Due This Statement.....\$272.95  
\$272.95

XLBF03A

WILLIAM KEENE  
2704 BROCKMAN BLVD  
ANN ARBOR MI 48104-4711**LIFE BILLING STATEMENT**Total Amount Due  
**\$272.95**INSURED: GARY H LUPILOFF  
OWNER: WILLIAM KEENE

0012

Policy Number  
L034804300Due Date  
FEB 28, 2010For Policy Information  
or Changes, Call:MARY E REICH  
248-874-1100Make Check  
Payable To:Nationwide Life Insurance Company  
PO Box 742534  
Cincinnati OH 45274-2534



# LIFE BILLING STATEMENT

Nationwide Insurance  
 Nationwide Financial  
 PO Box 182835  
 Columbus OH 43218-2835

Policy Number  
**L034804300**

Date Prepared  
**APR 30, 2010**

Total Amount Due  
**\$272.95**

Due Date  
**MAY 28, 2010**

*Handwritten:* Baby Girl  
 1992-2007

**WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711**

For Payment Of:  
 QUARTERLY PREMIUM

See back of this statement for important phone numbers and other information about your insurance.

06258 1\*

\*00000000319989

Current Premium Due .....	\$272.95
Total Due This Statement .....	\$272.95

XLBF03A

**WILLIAM KEENE  
 2704 BROCKMAN BLVD  
 ANN ARBOR MI 48104-4711**

# LIFE BILLING STATEMENT

Total Amount Due  
**\$272.95**

INSURED: GARY H LUPILOFF  
 OWNER: WILLIAM KEENE

0012

Policy Number  
**L034804300**

Due Date  
**MAY 28, 2010**

For Policy Information  
 or Changes, Call:  
 1-800-547-2280

Make Check  
 Payable To:

|||||  
 Nationwide Life Insurance Company  
 PO Box 742534  
 Cincinnati OH 45274-2534

On Your Side<sup>SM</sup>

Nationwide Life Insurance Company  
 Individual Protection Service Center  
 P.O. Box 182835  
 Columbus, OH 43216  
 nationwide.com

November 04, 2007

William Keene  
 2704 Brockman Blvd  
 Ann Arbor MI 48104-4711

Insured: Gary H Lupilloff

Your needs can change. So can your premium schedule.

Dear William Keene:

When you bought your life insurance policy L034804300, you selected a schedule for paying premiums that fit your needs at that time. We recognize your needs can change, so we want to remind you that other premium schedule options are also available.

Sometimes, convenience is worth a little extra cost.

You're currently paying your premium 4 times a year. If you wish, you can choose to pay annually, semi-annually, quarterly, or monthly. However, payment schedules more frequent than once a year do include an administrative fee that increases the total annual cost. Here are your current payment options:

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Total annual cost	\$1,030.00	\$1,071.20	\$1,091.80	\$1,100.04

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We're here if you have questions.

If you need more information, please contact your insurance professional or our customer service department at 1-800-543-3747 Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern time; for TDD services, please call 1-800-238-3035

Best regards,

Nationwide<sup>®</sup> Service Center  
 cc: Mary Reich

Life insurance products are issued by Nationwide Life Insurance Company, Columbus, Ohio.  
 The general distributor for variable life insurance products is Nationwide Investment Services Corporation, member NASD. In MI only: Nationwide Investment Svcs. Corporation.

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**NATIONWIDE LIFE INSURANCE COMPANY  
APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT  
OWNER**

The following instructions have been enclosed to assist you with the completion of the attached APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT OWNER. Please read these instructions carefully before completing the application.

1. Use this form to request a change of policy ownership. If the desired change of ownership is complex, or if you have any questions, please contact Nationwide Life Insurance Company at the Home Office.
2. This application revokes ALL previous ownership. Therefore, even if the present owner or contingent owner is to remain the same, such owner must be renamed on this form.
3. Print the FULL name(s) and address(es) of the new owner(s). Be certain to provide the new date of birth, social security (or tax ID) number, relationship to the insured and the complete address. THE REQUESTED CHANGE OF OWNERSHIP WILL NOT BE PROCESSED IF ANY OF THE INFORMATION IS OMITTED.
4. SIGNATURES REQUIRED: (1) The present owner(s) and all irrevocable beneficiaries, if any, and (2) the proposed new owner(s). Signatures MUST be in ink. At the discretion of the Home Office, a witness may be required.
5. The new owner will receive the premium notices unless the payor information is completed.
6. If joint ownership is listed, all notices will be mailed to one address listed on the reverse side. For tax reporting purposes, only one social security number can be used. Please indicate which social security number is to be used. The signatures of all joint owners will be required for any